


|                             |  |                      |                           |                    |               |
|-----------------------------|--|----------------------|---------------------------|--------------------|---------------|
| Employee ID #<br>[REDACTED] | Employee or Contractor Title<br>Forensic Scientist III | Bargaining Unit<br>9 | Appropriation<br>80000106 | Unit<br>2530       | Object<br>B02 |
| Document Total:\$           |  |                      | Reconciliation Date:      | Schedule Pay Date: |               |
|                             |  |                      |                           | Budget FY<br>2013  | FY<br>2013    |

|          |  | Total Private Auto Mileage |        |             |          |       |       |       |                |                |
|----------|--|----------------------------|--------|-------------|----------|-------|-------|-------|----------------|----------------|
| Date     | Description  | Odometer Readings          |        | Total Miles | Amount   | Meals | Fares | Hotel | Other Expenses | Total Expenses |
|          |  | Beginning                  | Ending |             |          |       |       |       |                |                |
| 12/21/12 | Amherst/Sudbury Round Trip -QA Meeting                 | 63216                      | 63408  | 192         | \$ 86.40 |       |       |       |                | \$ 86.40       |
| 01/07/13 | Amherst/Sudbury Round Trip-pick up instrument part for | 65271                      | 65463  | 192         | \$ 86.40 |       |       |       |                | \$ 86.40       |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       |                |                |
|          |  |                            |        |             |          |       |       |       | Total          | \$ 172.80      |

**Employee's Certification:** I hereby certify under the penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties or the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

**Employee's Signature:**

|  |                   |               |
|--|-------------------|---------------|
| Supervisor's Approval:  | Title: LAB Sup II | Date: 1/15/13 |
| Fiscal Verification: _____   | Title: _____      | Date: _____   |
| Fiscal Approval: _____   | Title: _____      | Date: _____   |